

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH PTO-875)

SERIAL NO. **13752358**
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3		3		1		
4						
5						
6						
7						
8						
9	1		1			
10	1		1			
11						
12						
13						
14			1			
15			1			
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49						
50						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←	7	←		←	
TOTAL CLAIMS		14				
		31				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						